

Date: _____

Department of Licensing and Regulatory Affairs
Bureau of Construction Codes
Elevator Section
PO Box 30254
Lansing, MI 48909

Re: Special Services Request

We are requesting a Special Services inspection for the following Elevator:

Location Name/Address _____

Permit#(s): _____

Date: _____ Start time AM/PM _____

Number of **Special Services** hours requested including **Travel** time. _____

Reason for the Special Services inspection: _____

We acknowledge that the Special Inspection fee is **\$150.00 per hour** and that we will be invoiced for this service.

Sincerely,

(Please insert Elevator Company name)